

FILED FEB 11 1942

Registration District No. 397

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1182

Registrar's No.

72

1. PLACE OF DEATH Jackson

(a) County Kansas City
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME THOMAS EVANS

3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Male / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Evans 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 12, 1868 (Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business

MOTHER FATHER { 12. Name Thomas B. Evans
13. Birthplace Smithville, Pa. / (City, town, or county) (State or foreign country)
14. Maiden name Katherine Spurgeon
15. Birthplace Cleveland, Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Evans

(b) Address 3019 Holmes St. K. C. MO.

17. (a) Burial (b) Date thereof Jan. 9, 42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem. K.C. MO

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn Ave. K. C. Mo

19. (a) Jan 7 1942 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3017 Holmes St. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

Jan. 6th

20. DATE OF DEATH: Month Jan. day 6th
year 1942 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 1-5-42, 19, to 1-6-42, 19;
that I last saw him alive on 1-6-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration
Cerebral atherosclerosis with thrombosis
of left ventricular artery, coronary
atherosclerosis, pulmonary edema and
congestion

Due to 24a
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy See above
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Drury R. Horn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Wenil C. Browning

Licensed Embalmer No. 2724

P. O. Address N. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.